

<i>SERFF Tracking Number:</i>	<i>NWLC-125606133</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Nationwide Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38792</i>
<i>Company Tracking Number:</i>	<i>CRITICAL ILLNESS RIDER</i>		
<i>TOI:</i>	<i>H07G Group Health - Specified Disease - Limited Benefit</i>	<i>Sub-TOI:</i>	<i>H07G.001 Critical Illness</i>
<i>Product Name:</i>	<i>Critical Illness Rider</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: Nationwide Life Insurance Company

Product Name: Critical Illness Rider

SERFF Tr Num: NWLC-125606133 State: ArkansasLH

TOI: H07G Group Health - Specified Disease - Limited Benefit

SERFF Status: Closed

State Tr Num: 38792

Sub-TOI: H07G.001 Critical Illness

Co Tr Num: CRITICAL ILLNESS RIDER

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Authors: Bobby Handley, Jonna Shields, Shana Paladino-Ripp

Disposition Date: 04/30/2008

Date Submitted: 04/25/2008

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Filed with this particular filing.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 04/30/2008

State Status Changed: 04/30/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

This is a Critical Illness Rider that will be offered with the Limited Medical product that was approved by your Department on 11/8/2004. The form is new and does not replace any forms previously approved by your department.

<i>SERFF Tracking Number:</i>	<i>NWLC-125606133</i>	<i>State:</i>	<i>Arkansas</i>
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Additionally, a revised Policyholder application form is being filed for approval. The application form will replace the form previously approved by your department.

The Critical Illness Rider will cover one of the following conditions and pay a one time, one lump sum. Coverage will be an option for an employee, his/her spouse and children.

**Covered Conditions:**

End-Stage Renal Failure  
Heart Attack  
Life Threatening Cancer  
Major Organ Transplant  
Stroke

## Company and Contact

### Filing Contact Information

Bobby Handley, Assistant General Counsel	handleb2@nationwide.com
5525 Parkcenter Circle	(614) 854-3375 [Phone]
Dublin, OH 43017	(614) 854-3469[FAX]

### Filing Company Information

Nationwide Life Insurance Company	CoCode: 66869	State of Domicile: Ohio
5525 Parkcenter Circle	Group Code: -99	Company Type:
Dublin, OH 43017	Group Name:	State ID Number:
(800) 525-8669 ext. 43508[Phone]	FEIN Number: 31-4156830	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	Yes
Fee Explanation:	Ohio charges \$50 per filing.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Life Insurance Company	\$50.00	04/25/2008	19899260

SERFF Tracking Number:	NWLC-125606133	State:	Arkansas
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TOI:	H07G Group Health - Specified Disease - Limited Benefit	Sub-TOI:	H07G.001 Critical Illness
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/30/2008	04/30/2008

<i>SERFF Tracking Number:</i>	<i>NWLC-125606133</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Critical Illness Rider</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Disposition

Disposition Date: 04/30/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>NWLC-125606133</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Nationwide Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38792</i>
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<i>Product Name:</i>	<i>Critical Illness Rider</i>		
<i>Project Name/Number:</i>	<i>/</i>		

<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Certification/Notice	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Form</b>	Critical Illness Rider	Approved-Closed	Yes
<b>Form</b>	Policyholder Application	Approved-Closed	Yes

SERFF Tracking Number: NWLC-125606133 State: Arkansas

Filing Company: Nationwide Life Insurance Company State Tracking Number: 38792

Company Tracking Number: CRITICAL ILLNESS RIDER

TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness  
Limited Benefit

Product Name: Critical Illness Rider

Project Name/Number: /

## Form Schedule

### Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	SRCP 2700-2 CI	Certificate Amendmen	Critical Illness Rider	Initial		45	SRCP 2700-2 CI.pdf
		t, Insert Page, Endorseme					
		nt or Rider					
Approved-Closed	SRCP 2300-1	Application/ Enrollment Form	Policyholder Application	Initial			SRCP 2300-1.pdf

## CRITICAL ILLNESS CERTIFICATE RIDER

### NATIONWIDE LIFE INSURANCE COMPANY Columbus, Ohio

Issues this rider to

THE INSURED REFERRED TO ON THE COVER PAGE OF THE POLICY TO WHICH THIS  
RIDER IS ATTACHED AND MADE A PART THEREOF

[The effective date of this rider is the effective date of the certificate to which this rider is attached.]

[Effective Date: \_\_\_\_\_]

The Policy is amended as described below. All other terms remain unchanged.

Subject to the Benefits and Limitations in the Policy, this Rider provides a critical illness benefit.

#### Schedule of Benefits

##### CRITICAL ILLNESS BENEFITS FOR YOU

Critical Illness benefits limited to a maximum of [\$5,000 – \$25,000 available in \$5,000 increments]. The benefit will decrease by 50% on the policy anniversary following Your 65<sup>th</sup> birthday. If You are already age 65 at the time of issuance, the benefits will be reduced by 50%.

##### [CRITICAL ILLNESS BENEFIT FOR YOUR DEPENDENTS:

Spouse: Critical Illness benefits limited to a maximum of [\$5,000 – \$25,000 available in \$5,000 increments]. The benefit will decrease by 50% on the policy anniversary following the Spouse's 65<sup>th</sup> birthday. If the Spouse is already age 65 at the time of issuance, the benefits will be reduced by 50%.

Children: Critical Illness benefits limited to [\$1250 - \$6250].]

#### Definitions

**Critical Illness.** Means the First Ever Occurrence, while this rider is in force, of one of the following covered conditions as defined below:

- End-Stage Renal Failure
- Heart Attack
- Life Threatening Cancer
- Major Organ Transplant
- Stroke

**Diagnosis.** The definitive establishment of the Critical Illness Condition through the use of clinical and/or laboratory findings. The Diagnosis must be made by a Legally Qualified Doctor who is a board certified specialist where required under this Policy.

**End-Stage Renal Failure.** The chronic and irreversible failure of both of Your kidneys which requires You to undergo periodic and ongoing dialysis.

**First Occurs or First Occurrence.** The date a Covered Person was positively diagnosed by a Doctor as having a Critical Illness for the first time.

**Heart Attack.** An Acute Myocardial Infarction resulting in the death of a portion of the heart muscle (myocardium) due to a blockage of one or more coronary arteries and resulting in the loss of the normal function of the heart

**Life Threatening Cancer.** A malignant neoplasm, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue, and which is not specifically hereafter excluded. Leukemias and lymphomas are included. The following are not considered Life Threatening Cancer

- pre-malignant lesions (such as intraepithelial neoplasia); or
- benign tumors or polyps; or
- early prostate cancer diagnosed as T1N0M0 or equivalent staging; or



- Cancer in Situ; or
- any skin cancer (other than invasive malignant melanoma in the dermis or deeper or skin malignancies that have become metastatic)..

**Major Organ Transplant.** The clinical evidence of major organ(s) failure which requires the malfunctioning organ(s) or tissue of the Insured to be replaced with an organ(s) or tissue from a suitable human donor (excluding the Insured) under generally accepted medical procedures. The organs and tissues covered by this definition are limited to: liver, kidney, lung, entire heart, small intestine, pancreas, pancreas-kidney or bone marrow

**Stroke.** Any acute cerebrovascular accident producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit persisting for at least 96 hours and expected to be permanent. Transient ischemic attack (mini-stroke), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are excluded.

### Critical Illness Benefit

We will pay a benefit only if a Covered Person is diagnosed as having a First Occurrence of a Critical Illness. The Diagnosis must be after the Covered Person's Effective Date of Coverage and while the Covered Person's coverage under this Group Policy is in force. We pay a Covered Person's Critical Illness Benefit only one time, regardless of the subsequent occurrence of the same or different Critical Illness in that Covered Person.

It is a lump sum benefit. Once the benefit is paid, coverage for that Covered Person under this rider terminates.

The benefit is paid as follows:

- If the Covered Person has been insured under this Group Policy for less than 90 continuous days following the Effective Date of Coverage when a First Occurrence of Cancer is diagnosed, the Critical Illness Benefit is 10% of the benefit amount listed in the Schedule of Benefits.
- If the Covered Person has been insured under this Group Policy for at least 90 days following the Effective Date of Coverage when a First Occurrence of Cancer is diagnosed, the Critical Illness Benefit is [\$5,000].
- For all other Critical Illness events, the Critical Illness Benefit is [\$5,000] when a First Occurrence is diagnosed at any time following the Effective Date of Coverage.
- We will pay the Critical Illness Benefit in a lump sum, unless otherwise agreed. The Benefit is paid to You if you are alive, otherwise to Your Beneficiary as indicated in the Certificate of Coverage to which this rider is attached. Any amount of insurance for which there is no Beneficiary designated, or if there is no Beneficiary surviving at Your death, the benefit will be payable to Your survivors in order of precedence: (1) your spouse, (2) children born to or legally adopted by you, share and share alike, (3) parents, or (4) your estate.
- The lump sum payment will be made promptly when we receive written Proof of Loss. We will add interest to the lump sum payment, figured from the date of Your loss until the date of Our payment. The interest will be calculated at a rate of 3% per year, or if greater, at the interest rate, if any, required by law in the state where this Group Policy was issued.

### Critical Illness: Requirements of Diagnosis

We must be furnished in writing a diagnosis of conditions by a Doctor. This diagnosis must include documentation supported by clinical, radiological, histological, or laboratory evidence of the condition. We may require at our expense an additional examination by a Doctor of our choice.

**End-Stage Renal Failure.** The Diagnosis must be made by a Legally Qualified Doctor board-certified in Nephrology.

**Heart Attack.** The Diagnosis must be made by a Legally Qualified Doctor board-certified as a Cardiologist and based on both

- new clinical presentation and electrocardiographic changes consistent with an evolving heart attack; and
- serial measurement of cardiac biomarkers showing a pattern and to a level consistent with a Diagnosis of Heart Attack.

Established (old) Myocardial Infarction is excluded.

**Life Threatening Cancer.** Life Threatening Cancer must be diagnosed pursuant to a Pathological or Clinical Diagnosis as explained below

**Clinical Diagnosis.** A Diagnosis of Life Threatening Cancer based on the study of symptoms and diagnostic test results. We will accept a Clinical Diagnosis of Cancer only if the following conditions are met:

- a Pathological Diagnosis cannot be made because it is medically inappropriate or life threatening;
- there is medical evidence to support the Diagnosis; and
- a Legally Qualified Doctor is treating the Insured for Life Threatening Cancer.

**Pathological Diagnosis.** A Diagnosis of Life Threatening Cancer based on a microscopic study of fixed tissue or preparations from the hemic (blood) system. This type of Diagnosis must be done by a Legally Qualified Doctor who is a board certified pathologist and whose Diagnosis of malignancy conforms to the standards set by the American College of Pathology

**Major Organ Transplant.** In order for the Major Organ Transplant to be covered under this Policy, the Insured must be registered by the United Network of Organ Sharing (UNOS) or the National Marrow Donor Program (NMDP).

**Stroke.** The Diagnosis must be made by a Legally Qualified Doctor board-certified as a Neurologist.

### **Exclusions** Applicable to Critical Illness Benefits Only

#### **Exclusions**

We do not pay any benefits:

1. for a Critical Illness that First Occurs before the Effective Date of Coverage for that Covered Person
2. if coverage for the affected Covered Person is not in force on the date the Critical Illness First Occurs
3. if the Certificate is not in force on the date the Critical Illness First Occurs
4. for any condition that is not diagnosed as a Critical Illness

### **General Provisions** Applicable to Critical Illness Benefits Only

#### **Claim Forms**

When We receive written or verbal notice of a claim for Critical Illness, claim forms will be sent with which to file Proof of Loss. If these forms are not given to the claimant within 15 days, the claimant will be excused from filing the forms as long as the person sends us Proof of Loss.



# Nationwide Life Insurance Company

Home Office: One Nationwide Plaza, Columbus, Ohio 43216

## GROUP LIFE & LIMITED BENEFIT MEDICAL POLICYHOLDER APPLICATION

Policyholder Name			Contact		
Street Address			Address		
City	State	Zip	City	State	Zip
P.O. Box			Telephone	Fax Number	
City	State	Zip	Email Address		
Policyholder Contribution:		Number of Eligible Employees _____ Total Number of Employees (including those not insured under this plan) _____	Industry & Standard Class Code (SIC)	Requested Effective Date	
Employee _____%					
Dependent _____%					

Employees categorized by class of employment. **Section 125** ☐ Yes ☐ No

**Waiting Period** ☐ Yes ☐ No **No. of days** \_\_\_\_\_

*(The following material may be copied to additional sheets if necessary to describe additional classes)*

Brief Description	Class 1	Class 2	Class 3
<b>Benefit (Basic)</b>			
Daily In-Hospital Indemnity (Indicate one amount per class) 500 day lifetime maximum	\$	\$	\$
<i>(Amounts over \$500 available only upon Nationwide Life Approval)</i>			
Doctor's Office Visit Indemnity Benefit (Indicate one amount per class)	\$	\$	\$
<b>Benefit (Optional)</b>			
Life/AD&D (Indicate one amount per class)	\$	\$	\$
Dependent Life Insurance (Indicate one Spouse amount per class)	\$	\$	\$
Accident Benefit (Indicate one amount per class)	\$	\$	\$
Preventative Care Indemnity Benefit (Indicate one amount per class)	\$	\$	\$
Surgical Indemnity Benefit (Indicate one amount per class)	\$	\$	\$
Outpatient DXL Indemnity Benefit (Indicate one amount per class)	\$	\$	\$
Hospital Admission Indemnity Benefit (Indicate one amount per class)	\$	\$	\$
Emergency Room Benefit (Indicate one amount per class)	\$	\$	\$

Brief Description	Class 1	Class 2	Class 3
Critical Illness	\$	\$	\$
Vision (Indicate one amount per class)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability Income (Indicate one amount per class)	<input type="checkbox"/> 8/8/26 <input type="checkbox"/> 15/15/26	<input type="checkbox"/> 8/8/26 <input type="checkbox"/> 15/15/26	<input type="checkbox"/> 8/8/26 <input type="checkbox"/> 15/15/26
Dental (Indicate one amount per class) Cash Deductible (non-ortho only)/ Maximum Amount • Type I, II and III Services Type IV Services	<input type="checkbox"/> \$50/\$250 <input type="checkbox"/> \$50/\$500 <input type="checkbox"/> \$100/\$1,000 <input type="checkbox"/> \$50/\$1,000 <input type="checkbox"/> \$100/\$1,500 <input type="checkbox"/> \$50/\$1,500	<input type="checkbox"/> \$50/\$250 <input type="checkbox"/> \$50/\$500 <input type="checkbox"/> \$100/\$1,000 <input type="checkbox"/> \$50/\$1,000 <input type="checkbox"/> \$100/\$1,500 <input type="checkbox"/> \$50/\$1,500	<input type="checkbox"/> \$50/\$250 <input type="checkbox"/> \$50/\$500 <input type="checkbox"/> \$100/\$1,000 <input type="checkbox"/> \$50/\$1,000 <input type="checkbox"/> \$100/\$1,500 <input type="checkbox"/> \$50/\$1,500

☐ Specified Hours of Work Credit: \_\_\_\_\_

**NOTE: This Policy is not intended to replace comprehensive major medical insurance.**

The Acceptance Letter will confirm your Policy selections.

Rates   Employee   \_\_\_\_\_  
              Employee + 1   \_\_\_\_\_  
              Family   \_\_\_\_\_

1. A deposit is herewith made to apply on the first payment under the Policy, if issued. The amount of such deposit is to be equal to the first premium payable based on the number of Covered Persons as of the Effective Date of coverage. The deposit of any Policy that we do not accept will be fully returned.
2. Payment of the first premium by the Policyholder after delivery of the Policy by us shall constitute acceptance of the terms and conditions contained in the Policy so issued.
3. It is understood and agreed that:
  - (a) all necessary administrative information concerning all Covered Persons shall be subject to the provisions of the Policy and shall be furnished to us by the Policyholder.
  - (b) this Application is subject to the approval of Nationwide Life Insurance Company at its Home Office and that nothing contained herein shall be binding upon said Company until this Application has been so approved.
  - (c) all benefits will be in accordance with the benefits proposed and agreed upon between Nationwide Life Insurance Company and the Policyholder as set forth in the Policy, subject to the Policyholder's approval.
  - (d) benefits are not provided unless otherwise provided in the Policy; (a) in case of bodily injury or sickness arising out of or in the course of any employment for wage or profit; or (b) for any bodily injury or sickness for which the person on whom the claim is presented has or had a right to compensation under Workers' Compensation or similar occupational disease law.

POLICYHOLDER (HEREIN REFERRED TO AS "WE") RESPONSIBILITIES UNDER THIS POLICY

We agree: (1) to maintain the records necessary to the administration of the Policies; (2) to report additions, changes, terminations and other information necessary to the administration of the Policies to the Insurer within 30 days after the Effective Date of such additions, changes and terminations; (3) that if we do not notify the Insurer of any insured ineligibility or termination within 30 days, we shall forfeit any premium refund/credit that would otherwise have been due; (4) to make all such records, including payroll records, tax returns, and personnel files and other documentation as determined by the Insurer available upon request to the Insurer or its authorized representative; (5) to notify the Insurer of claims within 20 days after they are incurred; (6) to pay all premiums in accordance with the terms of this Policy; and (7) to notify all Employees of any termination or rescission of coverage which affects them and refund the appropriate premium.

By the signature below of its duly authorized representative, the proposed Policyholder hereby applies for the Nationwide Life Insurance Company Policy or Policies of Group Life & Limited Benefit & Medical insurance; and the proposed Policyholder understands and agrees that it shall be subject to the provisions set forth herein.

It is understood that all of the answers We have provided are representations and not warranties.

Dated at \_\_\_\_\_ this \_\_\_\_\_, 20 \_\_\_\_\_

Witness \_\_\_\_\_

Policyholder \_\_\_\_\_

Signed By \_\_\_\_\_

Title \_\_\_\_\_

**FOR NATIONWIDE USE ONLY**

This Application has been approved by The Nationwide Life Insurance Company as of the date shown below.

Date:

By:

**AGENT'S STATEMENT**

I hereby certify that: (a) all information set forth above is correct to the best of my knowledge; (b) I have complied fully with the underwriting rules; (c) I have explained the proposed insurance Policy in detail; and (d) to the best of my knowledge the proposed Policyholder is financially sound.

I further certify that all agents involved in presentation of this account (a) are licensed by Nationwide Life Insurance Company or (b) have submitted the necessary paperwork to become a licensed agent with Nationwide Life Insurance Company.

**Servicing Agent:**

Name \_\_\_\_\_

Agency Name \_\_\_\_\_

Address \_\_\_\_\_

License No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tax ID No. \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Email Address \_\_\_\_\_

Agent Signature \_\_\_\_\_

## **FRAUD STATEMENT APPLICABLE TO RESIDENTS OF:**

### **ALASKA**

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

### **ARKANSAS or NEW MEXICO**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

### **DISTRICT OF COLUMBIA**

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

### **DELAWARE, KENTUCKY, OHIO or PENNSYLVANIA**

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

### **FLORIDA**

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

### **GEORGIA**

Any natural person who knowingly or willfully makes any false or fraudulent representation as to the death or disability of a policy or certificate holder in any written statement or certificate for the purpose of fraudulently obtaining money or benefit from an insurer, commits the crime of insurance fraud.

### **HAWAII**

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for a loss or benefit is a crime punishable by fines or imprisonment, or both.

### **LOUISIANA**

**NOTICE:** The insurer cannot discriminate against any person based genetic testing or genetic information alone with regard to the purchase or availability of insurance.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### **MAINE**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

### **MINNESOTA.**

A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

### **NEW JERSEY**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

### **NEW YORK**

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

### **OREGON**

Any person who knowingly and with the intent to defraud or solicit another to defraud an insurer: (1) by submitting an application; or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

### **TENNESSEE**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of coverage.

### **VIRGINIA**

Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

<i>SERFF Tracking Number:</i>	<i>NWLC-125606133</i>	<i>State:</i>	<i>Arkansas</i>
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## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: NWLC-125606133 State: Arkansas  
Filing Company: Nationwide Life Insurance Company State Tracking Number: 38792  
Company Tracking Number: CRITICAL ILLNESS RIDER  
TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness  
Limited Benefit  
Product Name: Critical Illness Rider  
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## Supporting Document Schedules

**Satisfied -Name:** Certification/Notice **Review Status:** Approved-Closed 04/30/2008  
**Comments:**  
**Attachment:**  
Certification of Compliance.pdf

**Satisfied -Name:** Application **Review Status:** Approved-Closed 04/30/2008  
**Comments:**  
Application included under the Form Schedule Tab.



## CERTIFICATION OF COMPLIANCE

Name and Address of Insurer:

**Nationwide Life Insurance Company**  
**Special Risks Underwriting**  
**5525 Parkcenter Circle**  
**Dublin, OH. 43017-3584**  
**Mail Code: CO-03-30**

Policy/Certificate Form Number(s):

SRCP 2700-2 CI      Certificate Amendment  
SRCP 2300-1        Application

I certify that, to the best of my knowledge and belief, the policy/certificate forms are in compliance with Arkansas Rule/Regulation 19, Arkansas Rule/Regulation 49 and the Consumer Information Notice as outlined in ACA 23-79-138.

A handwritten signature in black ink, appearing to read "Tom DeNoma". The signature is fluid and cursive, with a large loop at the beginning and a trailing flourish at the end.

Tom DeNoma  
AVP

Date: April 25, 2008